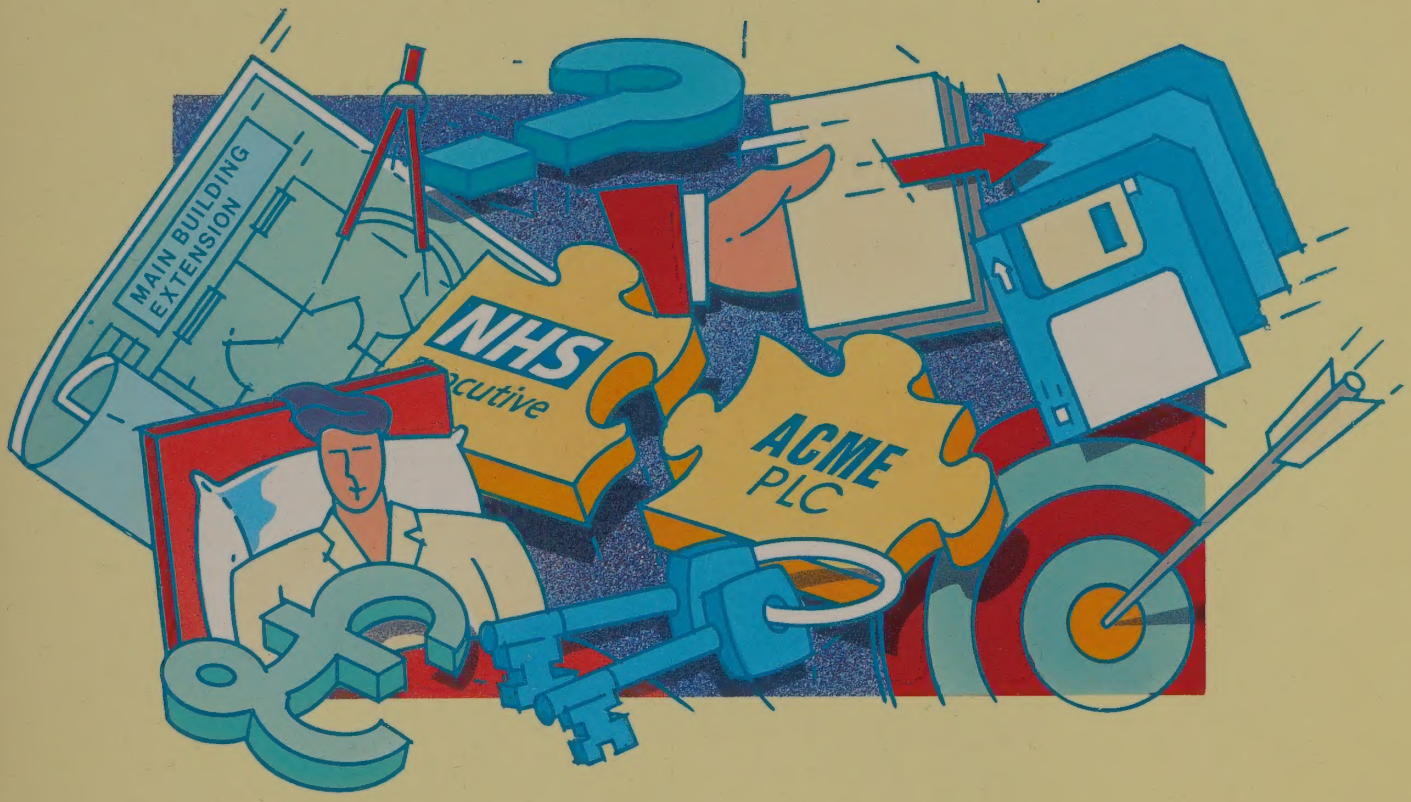
MC0340

Capital Investment Manual

Overview



NHS
Executive

This booklet is part of the *Capital Investment Manual*, which comprises the following:

Overview

Project Organisation

Private Finance Guide

Business Case Guide

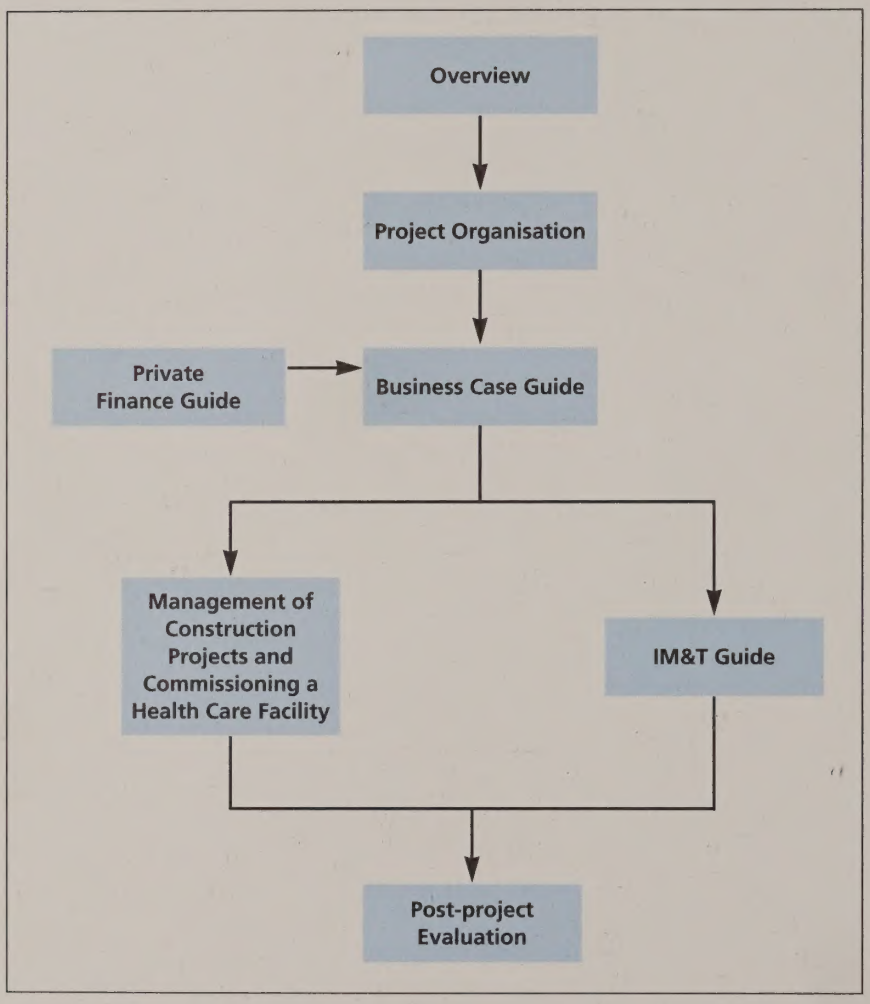
Management of Construction Projects

Commissioning a Health Care Facility

IM&T Guidance

Post-project Evaluation

Copies are available at all HMSO Bookshops.



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Introduction

Investment decisions are central to the development and financial position of NHS Trusts. The creation of an internal market and increased financial rigour introduced by the NHS reforms have led to a review of procedures surrounding capital investments in the NHS. Recent examples of failure to monitor and control adequately the delivery of major capital schemes has led the National Health Service Executive to amend current capital planning and implementation arrangements (EL(93)96).

In particular, the NHS Policy Board and the NHS Executive are concerned to ensure that the systems operated in the NHS for the approval and delivery of major capital schemes are adequate to support Trusts in taking over the responsibility for managing their own schemes. Chief executives will be responsible for the management of capital schemes at all stages of the process, from inception to post-project evaluation. Where appropriate, the approval of the Trust Board should be sought.

Aims of the *Capital Investment Manual*

The *Capital Investment Manual* seeks to reflect and reinforce the important changes that have taken place over recent years, both with the introduction of the NHS reforms and with the changing patterns of health care delivery. In doing so, it aims to ensure that local expectations of health care provision are not raised beyond what is realistic within the context of the service as a whole and to bring the demand for NHS capital more into equilibrium with its supply. The new process is intended to reduce unnecessary and often expensive planning work which subsequently proves to be abortive.

The *Capital Investment Manual* provides detailed guidance for each of the main stages of capital schemes. It aims not only to give practical guidance on the technical considerations of the full capital appraisal process, but also to provide a framework for establishing management arrangements to ensure that the benefits of every capital investment are identified, evaluated and realised. Schemes will not get approval unless adequate project management arrangements can be demonstrated to be in place.

The essential principles can be applied to all capital investments, irrespective of size and complexity, but are intended specifically for those investments above Trust delegated limits. It should be noted that these procedures are principally aimed at discretionary bids for capital, as opposed to asset management schemes undertaken to secure the operating viability of a Trust through maintaining the asset base. The latter will be funded through block allocations of capital, which should not be used for financing major capital schemes.

The *Capital Investment Manual* replaces previous guidance on the evaluation and implementation of capital schemes, including that contained within:

- *Capricode: Health Building Procedures* for NHS buildings and equipment;
- *Option Appraisal – A Guide for the NHS*; and
- the interim guidance contained within *Investment Appraisal and Benefits Realisation for IM&T.*

The guidance in the *Capital Investment Manual* focuses on the provider perspective on capital investment decisions, because Trusts have primary responsibility for evaluating and implementing investment schemes. It does of course apply equally to any other NHS entity undertaking a major capital investment. Equally, it is essential to gain purchaser support for any proposed investment and its implications for services, quality and prices. Purchasers must, therefore, be involved throughout the evaluation process, confirming the acceptability and affordability of capital expenditure.

Because capital investment is incurred at a cost to Trusts, and hence their purchasers, there must be sound business reasons for the expenditure. An investment scheme, whether in land, buildings, equipment or information management and technology (IM&T), needs to be evaluated within the context of the whole business of the Trust. This means that a major investment decision will require the full involvement of the chief executive and senior officers of the Trust in planning and information, finance, service delivery and estates. Investment schemes should not be viewed as solely the concern of estates, finance or information departments.

Aims of the Overview

The aims of this overview are twofold. The first is to provide a reference point for the *Capital Investment Manual,* the second is to provide an introduction to each of the different components of the manual.

Following this overview, the *Capital Investment Manual* comprises the following separate, though interrelated, guides to practitioners:

- *Project Organisation;*
- *Private Finance Guide;*
- *Business Case Guide;*
- *Management of Construction Projects;*
- *IM&T Guidance;*
- *Commissioning a Health Care Facility*; and
- *Post-project Evaluation.*

Figure 1 (see page 15) summarises the relationships between the different elements of the manual, demonstrating that much of the guidance is common to all investment decisions – whether they involve investment on the estate, private finance or IM&T. The means by which a decision to invest in major capital is made, and the business case to support that decision, will be similar in all three instances. Hence, the first three elements of the *Capital Investment Manual* are common. Guidance on the implementation of schemes varies, however, in accordance with the nature of the investment – hence the separate guides for building and related schemes and IM&T schemes. Post-project evaluation is mandatory for any major investment with a capital cost of over £1 million. Appendix A summarises the relationships between previous and new guidance on capital investment.

Figures 2, 3 and 4 outline the main stages of appraisal and implementation of investments in buildings and equipment, private finance and IM&T. The following paragraphs summarise the key points contained within each section of the *Capital Investment Manual.*

Project Organisation

1.1.1 The *Project Organisation* booklet provides guidance on how to organise projects successfully. It describes the key roles and responsibilities that must be discharged, and recommends structures for managing construction and information management and technology (IM&T) projects. The use of the PRojects IN a Controlled Environment (PRINCE) methodology is recommended for IM&T projects.

1.1.2 The guidance stresses the importance of establishing an effective internal organisation, and in particular the identification of individuals who will be held personally accountable.

For every project, three important in-house roles need to be clearly identified:

- the Investment Decision-Maker (IDM), usually the Trust Board or its equivalent for other organisations – decides whether to invest financial and human resources in any given project, and correspondingly will have ultimate responsibility;

- the project owner, usually the chief executive – defines the project objectives and is responsible for ensuring that they are met to the agreed time, cost and quality criteria. The roles of project ownership and management, i.e. defining what must be done and doing it, should not be combined.

- the project manager/director – project management constitutes a single point of responsibility for the project's brief and design, and for day to day oversight of progress. This responsibility will usually be discharged by a senior Trust officer, acting as the project director for construction schemes, or the project manager for IM&T schemes. Trusts will, however, rarely have the capacity in-house to develop and manage all aspects of a project. It will therefore usually be necessary to contract in professional advisors and consultants.

1.1.3 The delivery of a major capital project is a difficult and complex task and inevitably subject to risks. Failure to deliver a project to time and to cost diverts scarce resources from direct patient care and could have a major impact on a Trust's business. It could also seriously undermine the long-run viability of a Trust. Large, high-profile schemes which fail to deliver to time and cost often attract the attention of Parliament and the media. In such circumstances, Trust Chairmen will be held publicly accountable for the delivery of projects on time and to cost.

1.1.4 Significant contract overruns are almost invariably traced to weaknesses on the part of the client as opposed to the professional consultants and contractors engaged to deliver the project. The most common deficiencies are weak client briefing and frequent client changes during the design and construction phases.

1.1.5 The *Project Organisation* booklet highlights five key principles on which the organisation should be based:

- the Trust takes responsibility for the project and must not cede responsibility to external contractors;

- Chief executives will be responsible for the management of major capital schemes at all stages of the process, from inception to post project evaluation. Trust Chairmen have been asked to link the successful delivery of major projects to individuals' performance-related pay;

- each person's responsibility and delegated authority must be made clear. Individuals must have enough resources to carry out their responsibilities, as well as the authority to enable them to take decisions promptly;

- 'management by committee' must be avoided. Responsibility for performance must rest with named individuals. Any involvement of the Trust Board or other committee must not interfere with individuals' clearly defined roles in managing projects;

- communication lines must be kept short, clear and direct.

1.1.6 For all future capital schemes NHS Trusts will be required to demonstrate that they have appointed individuals with the necessary skills and training, and that they have the appropriate project and management structures in place.

Business Case Guide

2.1.1 The *Business Case Guide* introduces the three stages of the first element of the capital planning process which are common to all types of capital investment. The capital planning process has been divided into stages in order to minimise abortive effort in bringing capital projects forward for approval. However, the development of a business case is a continuous and iterative process. The *Business Case Guide* provides detailed guidance on each of the three stages:

(a) **setting the strategic context** – drawing on the Trust's strategic direction to establish the case for investment;

(b) drawing up the **Outline Business Case** – evaluating options for change and identifying a preferred option that is affordable to the Trust; and

(c) **the Full Business Case** – once funding has been identified, validation of the outline business case and development of a detailed specification for the scheme.

2.1.2 The need for investment will normally be identified as a result of a Trust's routine strategic and business planning process. The strategic context of a business case for capital investment should not be confused with a Trust's Strategic Direction. The strategic context draws on the Trust's Strategic Direction, providing the context for the business case and the framework within which investment decisions are evaluated. This context will usually include a strategic option appraisal and always a preliminary affordability analysis which identifies the broad level of capital expenditure that is likely to be affordable to the Trust.

2.1.3 Within this framework, the Outline Business Case involves the evaluation of different capital options (using economic appraisal) to meet the Trust's strategic objectives.

2.1.4 The Full Business Case represents a more precise assessment of the strategic context and outline business case, and focuses on the development of the preferred option. It should clearly present the arguments for the planned investment and demonstrate that the Trust can deliver the project to time and to budget. In particular, it will be important to re-examine the following points:

- **Customer requirements**
  Are the customer service requirements and description of the client population broadly correct? Do purchasers' intentions remain firm as stated in the Outline Business Case? Evidence confirming continuing support from purchasers is required in the full business case.

- **Competitive position**
  What changes and developments have taken place to affect the Trust's competitive position? (That is, what have current or potential competitors been doing to develop services?)

- **Service facilities**
  Can a mismatch between future service needs and present capital assets be shown clearly by the detailed assessments of the Trust's present position and the condition and utilisation of its estate?

- **Affordability**
  Have there been any changes to the Trust's financial position that are significant enough to call the scheme's affordability into question?

2.1.5 The capital cost of the scheme assessed at the full business case stage will be the cost on which annual external financing limits (EFLs) are established. Trusts will need to ensure that the risk and uncertainty analysis undertaken as part of the business case is used to estimate the level of contingency required. They must also identify the capital and running cost variations that would lead them to undertake an internal review of the business case. Variations in cost of more than 10% will lead to lapse of approval. In such circumstances, Trusts should consult the NHS Executive Regional Office.

2.1.6 In considering the strategic direction Trusts should:

- review purchasers' requirements and the service delivery objectives of the Trust;
- review the financial position of the Trust;
- review the estate and its contribution to achieving the business objectives of the Trust; and
- analyse the health care market and establish likely future developments.

2.1.7 In considering the strategic context of the investment decision, Trusts should:

- establish whether there is an affordable case for capital investment; and
- discuss with the Regional Office the detail and scope of work required to develop an Outline Business Case.

2.1.8 For the Outline Business Case, the following are the main points.

- The objective of the business case is to identify a cost-effective capital investment that satisfies the business requirements of the Trust and its customers.

- Option appraisal techniques are used as an aid to decision-making.

- Judgement will always be required to reach a robust solution.

- A clear dialogue should be established throughout the process between the NHS Trust and the Regional Office.

- Outline Business Cases must be produced to the Regional Office's satisfaction before investment funds (EFLs) can be allocated in the capital programme.

- All investments – of whatever size – should be capable of showing that a systematic appraisal has been undertaken, comprising the following elements:

  - a suitable shortlist of options;
  - identified and ranked option costs and benefits;
  - sensitivity/risk analyses; and
  - an examination of the impact on Trust prices and on its competitive position.

- The preferred option should demonstrate:

  - ability to meet Trust business objectives;
  - value for money, i.e. highest ratio of benefits to costs;
  - improved quality of service;
  - flexibility and robustness to change; and
  - purchaser support and financial viability.

2.1.9 A Full Business Case needs to be developed before the project can begin. This includes:

- a review of the Strategic Context and Outline Business Case to ensure that the appraisal remains valid;
- a detailed specification of the functional content and costs of the proposed scheme;
- a risk management strategy;
- project management arrangements, with an identified project owner;
- plans for post-project evaluation; and
- plans for benefits realisation.

2.1.10 Chief executives will be responsible for managing the preparation of business cases for capital investment (either directly or indirectly through a project owner). They must ensure that business cases are developed in support of all major investment decisions, including those in land, buildings and equipment, private finance, and IM&T, and that an appropriate level of analysis is adopted for the evaluation of these schemes. It must be clear that there are sound business reasons for the proposed investment and that purchasers support the scheme in concept and are able and willing to afford its financial implications. Chief executives must ensure that this support is explicitly given by main purchasers before a business case can be submitted to the NHS Executive for approval.

Private Finance Guide

3.1.1 The *Private Finance Guide* outlines the arrangements that have been made with regard to the use of privately raised capital to encourage the NHS to exploit the strengths of the private sector. It also contains examples of schemes that have secured approval and indicates the kind of schemes the private finance initiative was intended to promote. The *Private Finance Guide* provides examples – and key points relevant to these examples – of the following:

- joint ventures;
- provision of capital-intensive services under contract;
- leasing; and
- forward sale of land.

3.1.2 There are essentially two broad criteria against which all schemes are assessed: 'value for money' and 'assumption of risk'. All capital schemes, irrespective of their method of finance, are expected to pass a value-for-money test. Risks for the NHS should be reduced through transfer of risks to the private sector. It is the overall package of risks on which the transfer of risk will be assessed. Worked examples demonstrating how new tests are to be carried out are also included in the guide.

3.1.3 Trusts should ensure that an exploration of the private finance alternative becomes very much a standard option whenever a capital scheme is being considered. Chief executives will need to ensure, in appropriate cases, that the relative advantages and disadvantages of these options are evaluated fully and the 'best' option – i.e. the one that offers the highest ratio of benefits to costs – is selected for implementation (see relevant sections of the *Capital Investment Manual*).

Managing IM&T Projects

4.1.1 The *IM&T Guide* provides detailed guidance on the implementation of information systems within the NHS. It covers the processing of information in all of its forms, including those based on paper, and the communication of voice and images. It describes procedures and gives guidance on their application and on good practice. Main tasks are identified with an indication of who should perform them and whether they are mandatory.

4.1.2 The overall aim of the *IM&T Guide* is to provide a link between the investment appraisal and procurement processes. It seeks to enable the NHS to obtain effective information systems that represent value for money and support clinical and business objectives.

4.1.3 The *IM&T Guide* refers to the Procurement of Information Systems Effectively (POISE) guidance, which seeks to ensure that the NHS uses a uniform, consistent and structured procurement process for the procurement of information systems.

4.1.4 Use of the PRojects IN a Controlled Environment (PRINCE) methodology is mandatory for managing major IM&T investments. The *IM&T Guide* reflects this and includes suitable cross-references where appropriate.

4.1.5 One of the key objectives of the NHS IM&T Strategy is that of ensuring the compliance of IT products and services with NHS standards. By building the relevant standards into the procurement process, interworking between sytems can be achieved, enabling the NHS to obtain fit-for-purpose products. There are two strands to Standards Enforcement in Procurement (STEP):

- *Standards Compliance Questionnaire* – to be used by purchasers during procurement;
- *Standards Handbook* – draws together all existing standards and provides a definitive statement of NHS standards in all IT areas.

4.1.6 The *IM&T Guide* covers activities from full business case leading to approval, to the completion of implementation, in the following phases:

- Full Business Case, including procurement plan;
- purchase;
- contract performance;
- implementation.

4.1.7 The use of Facilities Management or managed contract services to provide information technology services in the NHS is becoming more widespread. Such arrangements will typically involve external or separate trading agencies taking responsibility for some or all aspects of running information systems. Where there is a significant capital element within the contract that would constitute some form of deferred payment on the capital asset employed, the proposal is subject to the rules governing the use of private finance. Such schemes fall in to the 'provision of capital intensive services under contract' category, and guidance is contained within the *Private Finance Guide*. Where the contract would not involve any form of deferred payment on the capital asset in question, the guidelines on market testing should be followed.

4.1.8 A separate booklet entitled *Substantial Information Management and Technology Investments,* issued under EL (94) 22, set out personal responsibilities with respect to IM&T investments.

Managing Construction Projects

5.1.1 *Management of Construction Projects* provides guidance on mandatory procedures and best practice for the planning and implementation of construction projects. It covers the stages of a project from the full business case through to technical commissioning and handover. Main tasks are identified, with an indication of who should perform them and whether they are mandatory.

5.1.2 The principles set out in this document apply to all construction projects, but their mandatory application is confined to those projects that exceed a value to be notified to Trusts from time to time by the NHS Executive. Trusts should make use of the other guidance documents which are referenced in this guide, including CONCODE, and should take advice where appropriate from professional advisers and consultants. It is important to note that before undertaking any of the procedures described in this document, Trusts must ensure that an appropriate organisational structure has been put in place.

5.1.3 The organisational arrangements for managing construction projects are outlined in accordance with guidance on *Project Organisation*. The role of chief executives at this stage of the capital project (either personally or through a project owner) will be to mantain direct management oversight of the scheme, ensuring that it is delivered within agreed budgetary and timescale parameters, without sacrificing quality. Chief executives must also ensure that the scheme continues to contribute to the business objectives of the Trust, has purchaser support and remains affordable.

5.1.4 The procedures are divided into six stages:

- Full Business Case, leading to approval;
- design;
- tender and contract;
- construction and equipment supply;
- technical commissioning and handover; and
- post-completion.

5.1.5 Each stage contains:

(a) procedures – listings of main tasks, who should be responsible for undertaking these tasks, and where mandatory approval or authority to proceed is required;

(b) a description of the procedures and guidance on their application and on good practice with references for additional information;

(c) annexes – providing detailed guidance on essential tasks which are particularly complex or involve major pitfalls. Areas covered include the preparation of the project brief; risk analysis; building up the cost estimate, including the contingency sum; and the equipment strategy. Detailed systems for effective management oversight of the project are also appended, covering the development of the project execution plan and the requirements for progress monitoring, including cost management and cost reporting.

5.1.6 The requirements of the NHS Executive for central reporting on the progress of a project are also covered in appendices, including specimen forms.

5.1.7 There are various procurement strategies which a Trust may consider, the main ones being 'traditional' (with separate phases for design followed by construction), 'design and build' (all activity undertaken by a single contractor), and 'management contracting' (the project broken down into a series of separately tendered packages). Trusts will need to consider carefully the advantages and disadvantages of the options, taking the advice of professional advisers and consultants, and following guidance in CONCODE. The procedures vary for each procurement route; procedures for each of the options most likely to be used are described.

Commissioning a Health Care Facility

6.1.1 *Commissioning a Health Care Facility* provides general guidance on the management commissioning and bringing in to operational use of a facility. It applies to major capital investment in buildings. Once the implementation and handover of the asset are complete, the scheme needs to be brought into normal operational use as efficiently as possible, with minimal disruption to services.

6.1.2 Guidance is provided in this booklet on establishing the commissioning team, the organisational fit with the wider organisation and the differences in timescales for commissioning projects, depending on the method of procurement employed.

6.1.3 The chief executive will need to ensure, through the commissioning team, that a firm organisational structure has been established, enabling the asset to be brought into use successfully. Chief executives will also have a role to play in generating a sense of ownership of the project by the users, and where appropriate patients and purchasers.

Post-project Evaluation

7.1.1 Post-project evaluation has been a requirement in the NHS for some time, although its routine practice has not been widespread. While all projects would benefit from evaluation, it is mandatory that projects with a cost in excess of £1 million be evaluated. The NHS Executive and HM Treasury will require for review, copies of evaluation documents for projects above delegated limits.

7.1.2 The purpose of post-project evaluation (PPE) is to improve project appraisal, design, management and implementation. It is a learning process and should not be seen as a means of allocating blame.

7.1.3 The PPE process may be divided into three main stages:

- Stage 1: planning and costing the scope of the PPE exercise at the project appraisal stage (i.e. during the preparation of Business Cases).
- Stage 2: monitoring progress and evaluating the project outputs on completion of construction, including phased work.
- Stage 3: reviewing the outcomes (service aspects) of the project once it is operational.

7.1.4 The evaluation of the project should be expressed in terms of its objectives. The objectives of the project should relate directly to the business objectives of the unit.

7.1.5 The evaluation should also attempt to show what would have happened if the project had not been undertaken. In other words, what is the counterfactual? This enquiry may seem somewhat speculative, but it is important to recall the unchanged original situation (the 'do nothing' option), and to consider how it would have been likely to develop over the period in which the project was undertaken. This counterfactual will act as a benchmark against which the performance of the project may be measured.

7.1.6 It is recommended that the project framework approach should be adopted for evaluations of NHS capital projects. The project framework is a simple matrix listing project objectives against indicators capable of measuring change. Risks to the project are also evaluated and discussed.

Appendix 1: Relationship between Previous and New Guidance

Figure 1 illustrates the relationship between previous capital investment guidance for buildings and equipment, and the guidance contained in the *Capital Investment Manual*. The main points are outlined below.

- *Outline Business Cases* replace what were previously known as 'Approval in Principle' submissions (then Capricode Stage 1 for buildings and equipment), though they are now equally applicable to investment in IM&T and to private finance schemes.

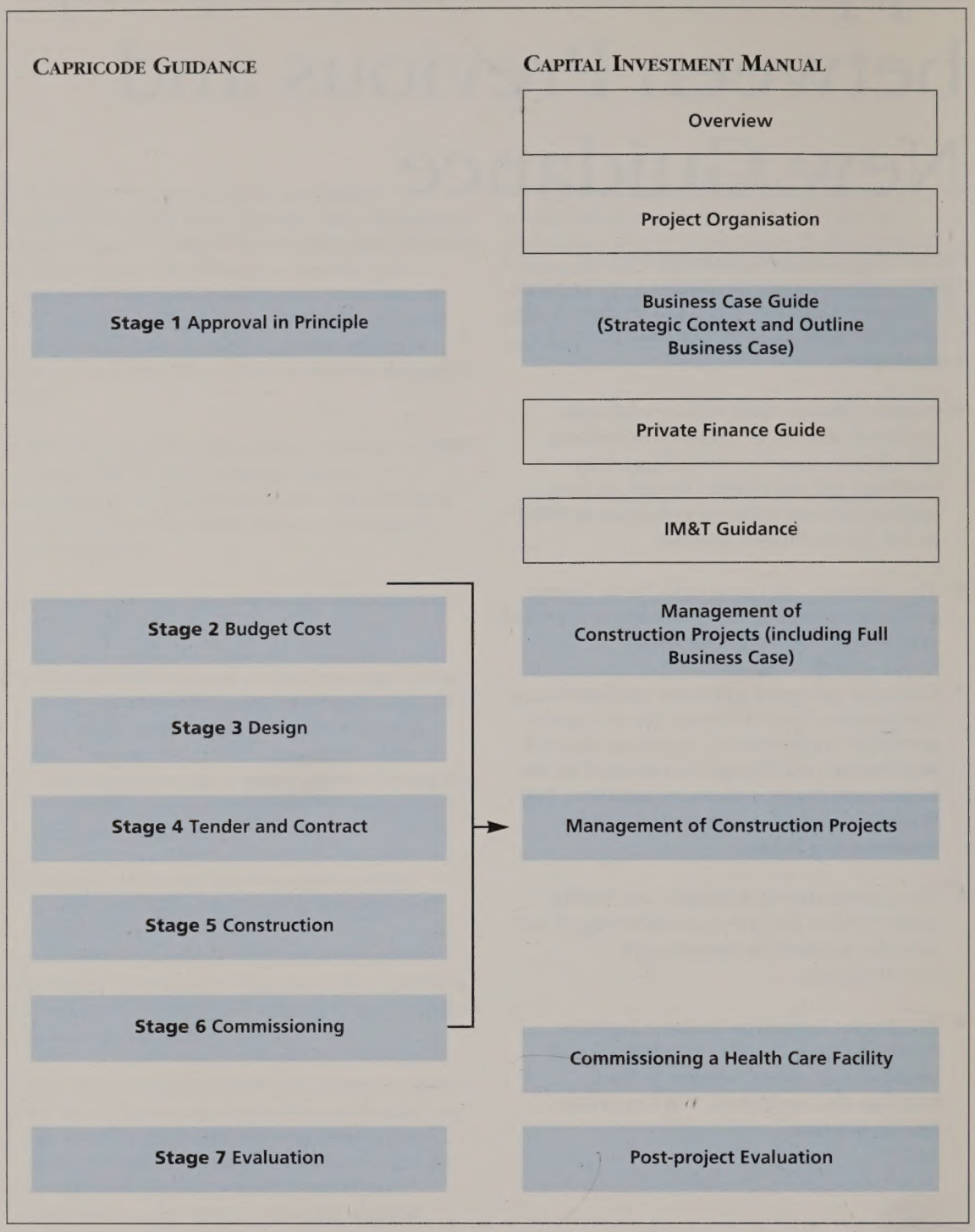
- The *Business Case Guide* replaces the interim guidance contained within *Investment Appraisal and Benefits Realisation for IM&T*.

- Guidance contained within the *Management of Construction Projects* replaces the procedures previously represented by Capricode Stages 2 to 5 (budget cost through to construction) and begins with the procedures required for a Full Business Case (previously budget cost for construction schemes).

- The *Commissioning a Health Care Facility* guide replaces previous Capricode Stage 6 and provides guidance on management commissioning.

- *Post-project Evaluation* guidance replaces Capricode Stage 7, and is mandatory for all investment decisions, whether in land, buildings and equipment, IM&T or private finance schemes.

FIGURE 1 FORMER AND CURRENT CAPITAL INVESTMENT GUIDANCE FOR HEALTH BUILDINGS AND EQUIPMENT



Appendix 2: The Capital Investment Process

FIGURE 2 COMPONENTS OF CAPITAL INVESTMENT MANUAL

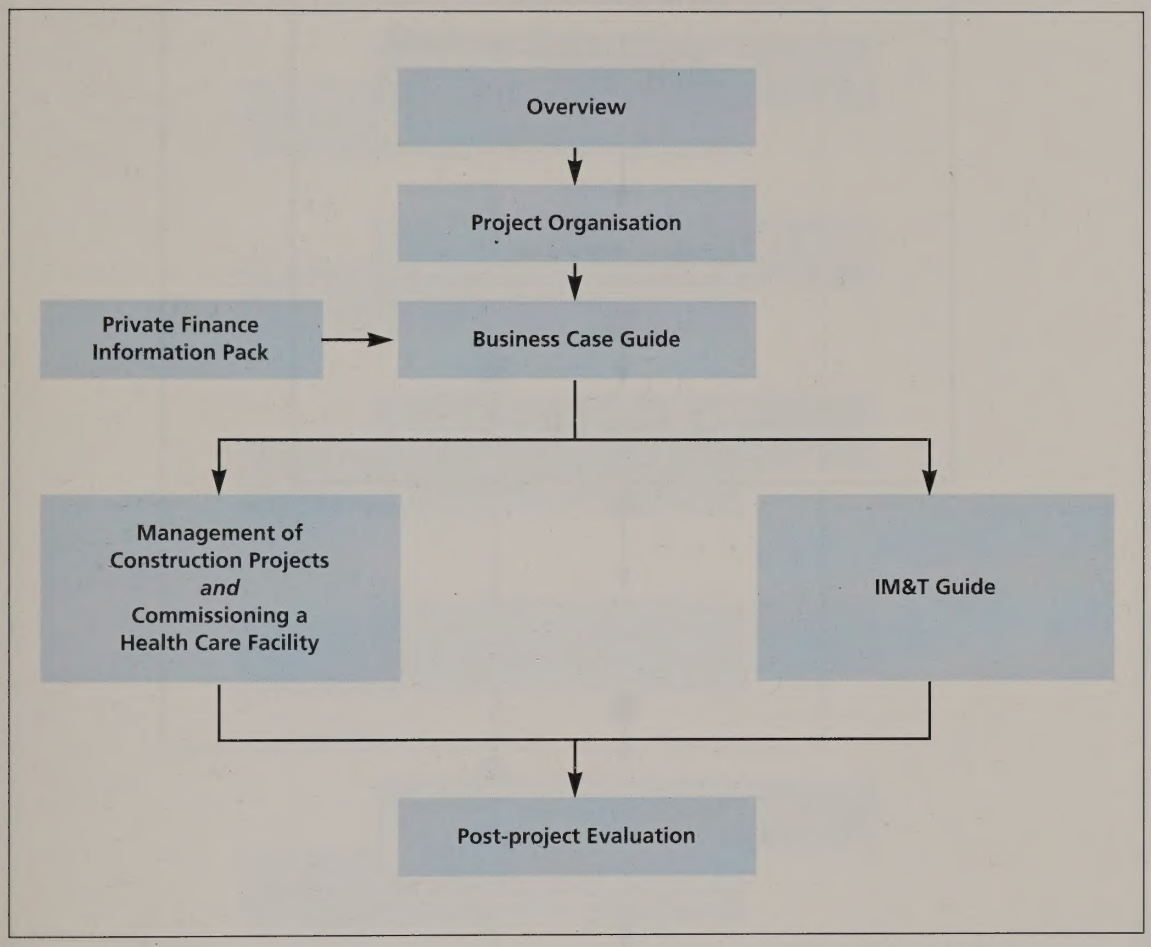


FIGURE 3 THE CAPITAL PROCESS FOR HEALTH BUILDINGS AND EQUIPMENT

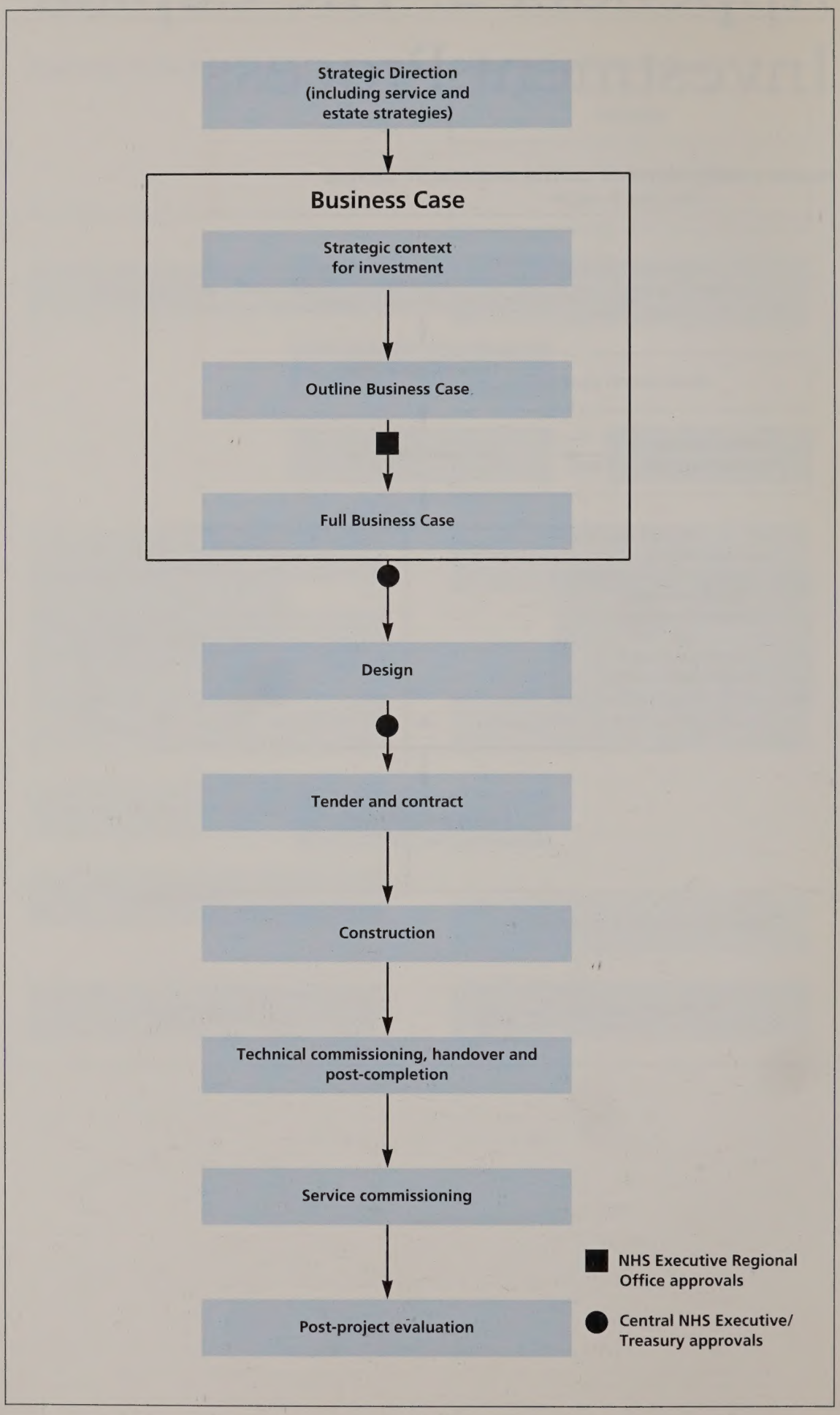


FIGURE 4 CAPITAL INVESTMENT PROCESS FOR PRIVATE FINANCE

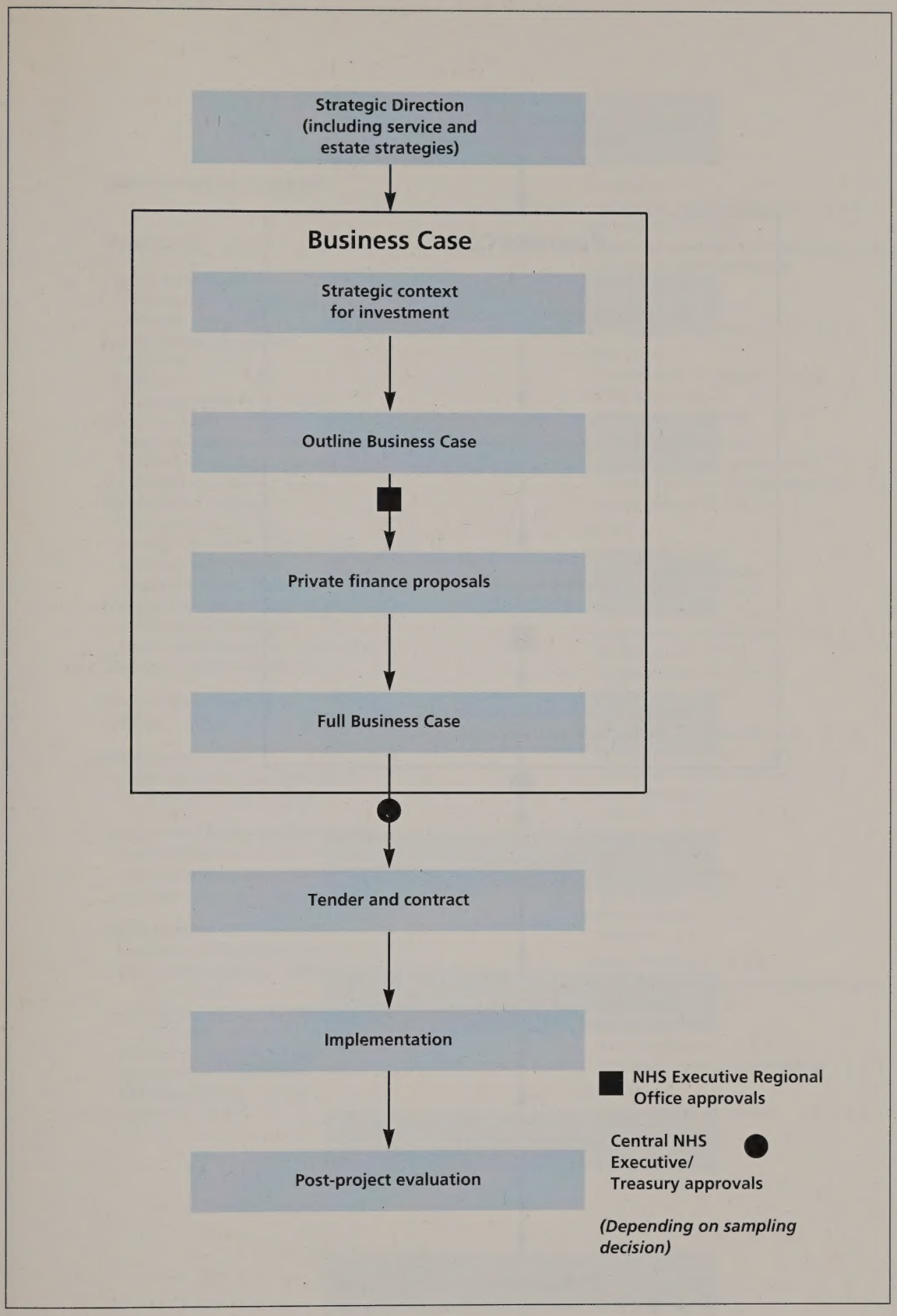
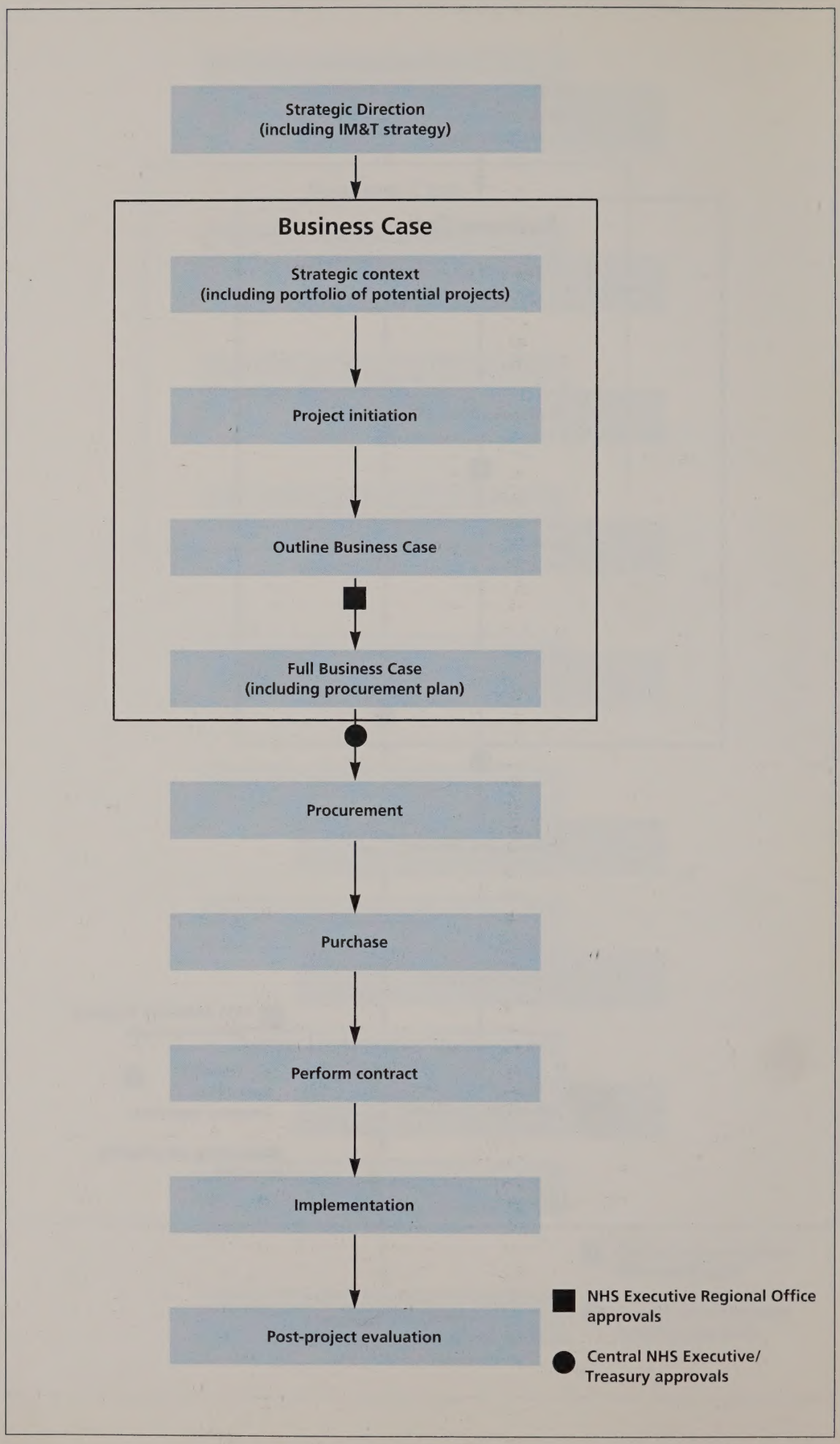


FIGURE 5 CAPITAL INVESTMENT PROCESS FOR IM&T SCHEMES



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